

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="text-align: center; margin: 10px 0;">FEE TRANSMITTAL</h2> <h3 style="text-align: center; margin: 0;">For FY 2009</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/772,993-Conf. #5388
TOTAL AMOUNT OF PAYMENT		Filing Date	February 5, 2004
(\$)		First Named Inventor	Robert Taft
65.00		Examiner Name	J. A. Plucinski
		Art Unit	3629
		Attorney Docket No.	J0227.70001US01

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input type="checkbox"/> Deposit Account Deposit Account Number: <u>23/2825</u> Deposit Account Name: <u>Wolf, Greenfield & Sacks, P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	Filing Fees	Small Entity Fee (\$)	Search Fees	Small Entity Fee (\$)	Examination Fees	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110	_____	
Design	220	110	100	50	140	70	_____	
Plant	220	110	330	165	170	85	_____	
Reissue	330	165	540	270	650	325	_____	
Provisional	220	110	0	0	0	0	_____	
2. EXCESS CLAIM FEES							Small Entity Fee (\$)	
Fee Description							Fee (\$)	
Each claim over 20 (including Reissues)							52	
Each independent claim over 3 (including Reissues)							220	
Multiple dependent claims							390	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims Fee (\$) Fee Paid (\$)	
_____ - or HP = _____ x _____ = _____							_____	
HP = highest number of total claims paid for, if greater than 20.							_____	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)							_____	
_____ - or HP = _____ x _____ = _____							_____	
HP = highest number of independent claims paid for, if greater than 3.							_____	
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): <u>2251 Extension for response within first month</u> <u>65.00</u>								

SUBMITTED BY			
Signature	<u>Patricia Granahan</u>	Registration No. (Attorney/Agent)	32,227
Telephone	617.646.8000		
Name (Print/Type)	Patricia Granahan, Sc.D.	Date	December 7, 2009

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: December 7, 2009	Signature: <u>Paula J. Bramwell</u> (Paula J. Bramwell)